

# **EXHIBIT 13**



**Banner Life Insurance Company**  
3275 Bennett Creek Avenue  
Frederick, Maryland 21704  
800-638-8428  
[www.LGAmerica.com](http://www.LGAmerica.com)

**Proof of Loss  
Claimant's Statement**

Claim Number(s) LC109107 Policy Number(s) 181271893

**Section A - All questions in this section pertain to the DECEASED person (the person who has died)**

List all names and alternate spellings, including maiden name, nickname or alias: Halgelo Eric Delvin

Insured's Social Security Number: 4268 Insured's Date of Birth: 1964

Insured's Place of Birth: Manatee County Bradenton Florida Date of Death: 3/31/2023

Cause of Death: Brain tumor

Manner of Death:  Natural  Suicide  Homicide  Accident

Place of Insured's death: Thornia, Georgia \* Note: If the insured died outside of the U.S., additional information will be required.

Insured's Legal Residence (Street Address):

City: Lithonia State: GA Zip: 30038

**Section B - All questions in this section pertain to the BENEFICIARY (the person/entity making the claim)**

Beneficiary's Name: Rose Gayle Stewart (Gale)

Date of Birth: [REDACTED] 1/12 Daytime Phone: [REDACTED]  
Email Address: Caduceus@zirka.net

Date of Birth: [REDACTED] Daytime Phone: [REDACTED]  
Email Address: [REDACTED]@aol.com

Beneficiary's Residential Address: [REDACTED]

City: Madison, WI State: WI Zip: 53703

Beneficiary's Mailing Address (if different than residential address): \_\_\_\_\_

[View Details](#) | [Edit](#) | [Delete](#)

- Individual Beneficiary: If you request benefits to be paid to a funeral home, a copy of the assignment & bill is required

Minors: Unless benefits are being paid under the Uniform Transfers/Gifts to Minors Act (UTMA/UGMA), proof of financial guardianship or guardianship of the minor's estate may be required. The Proof of Loss Claimant's Statement must be signed by the court appointed guardian and a Court Certificate of Appointment must be provided. In this case, the Minor's Social Security Number should be provided (below).

Corporation: A Copy of the corporate resolution or proof of authorized officer is required. Enter Corporate Tax ID in Section C below. Claim form must be signed by Corporate Officer(s).

Estate: A copy of the Certified Court Appointment of the Executor or Administrator of the Estate and the Estate Tax ID number (Section C) is required.

Trust: Copy of the Trust or amendments may be required. Unless there is only one trustee or the trust document confers the authority to act alone, all trustees must complete and sign the Proof of Loss Claimant Statement, provide Trust Tax ID in Section C and complete Trust Certification in Section I.

Collateral Assignee: A copy of the assignee's statement of interest must be provided. Claim form must be signed by the assignee or their authorized representative.

Former Spouse: Please provide a copy of the divorce settlement agreement

**Section C - Income Tax Certification - Enter Taxpayer Identification\***

Enter your Social Security Number if you are making the claim as an individual Beneficiary: 1077 OR

Enter the Tax ID number if you are making the claim as a representative of an Estate, Trust or Corporation: \_\_\_\_\_

The number shown on this form is the correct taxpayer identification number for the individual/entity claiming the proceeds (or I am waiting for a Number to be issued) AND (please check one of the following to receive the death benefit proceeds):

I am not subject to a Backup Tax Withholding because (a) I am exempt from Backup Tax Withholding or (b) I have not been notified by the IRS that I am subject to Backup Tax Withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to Backup Tax Withholding (does not apply to real estate transactions, mortgage interest paid, the acquisitions or abandonment of secured property, contributions to an individual retirement arrangement (IRA), and payments other than interest and dividends).

I am subject to Backup Tax Withholding

Also, please check if applicable:

I am a U.S. person (including a U.S. resident alien)\* \*If a Foreign citizen see Section D

**Section D - Foreign Citizen/Resident**

(Complete this section only if you are NOT a US Citizen or if you are residing in a foreign country)

Country of Residence: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

If you are a resident of a foreign country, a W-8BEN must be completed and submitted with the claim paperwork. The form can be found at: <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>

**Section E - Children Certification**

Complete this section only if you have been informed that the beneficiary designation is listed as "Children of the Insured", "Children Born of the Marriage" or if there are children under the age of 25 that are insured under a Child Rider attached to the policy. Please list all children below. Attach an additional page if needed.

Child	Birth Date	Parent Names
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father
Name	month/day/year	Mother
Address	Social Security Number	Father

**Section F - Settlement Options**

A lump sum claim payment will be made on all claims unless either the owner of the policy prior to the insured's death or the named beneficiary at the time the claim is made chooses an optional form of settlement from those outlined in the policy contract. Before selecting an optional form of settlement, we recommend that you consult a tax advisor to discuss potential tax consequences. If you have specific questions about any of the options, you may contact the Claims Department.

**Section G - IRS Form 712**

If you require an IRS Form 712 (Life Insurance Statement) for estate tax purposes, please check this box.

**Section H - Trust Certification**

Read this section carefully and complete only if you are a Trustee of the Trust that is making a claim for the policy proceeds.

By Signing this Proof of Loss Claimant Statement you certify and declare:

- That the named trust is in full force and effect.
- That you are a current Trustee of the named trust and have not resigned or been replaced.
- That you are acting within the scope of the authority conferred on you by the named trust.
- Agree that the Company shall have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority.
- Agree that the Company may discharge its obligations under the policies named in this form by relying solely on the signature of the current trustee(s).
- Agree that proof of payment of the policy proceeds to the trustee(s) will be final and conclusive evidence that payment was made and that all claims and demands of the trustee(s) against the Company will have been satisfied.

Name of Trust \_\_\_\_\_

Date of Trust \_\_\_\_\_

Name of Trustee(s) \_\_\_\_\_

If more than one trustee, unless the trust document confers on one trustee the authority to act alone, then all trustees must sign this Proof of Loss Claimant Statement.

**Section I - Policy and Death Certification**

Please indicate all statements that apply.

A certified copy of the death certificate is enclosed.

The original policy(ies), is enclosed.

The original policy(ies), or a copy/copies, cannot be found. The undersigned hereby represents that the above numbered policy was lost or destroyed. This policy is not now assigned, nor has it been otherwise transferred or encumbered in any manner. No person, firm or corporation has or claims the right to possession of this policy.

Note: Please ensure that you submit the appropriate documents and complete all applicable sections of this form. Although every effort is made to ensure prompt payment of benefits, your claim may be delayed if information is missing or additional information is needed to comply with claims procedures or Federal or State laws. Please be aware, we are unable to return the original death certificate.

**Beneficiary's Signature REQUIRED**

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated.
- Declare that all answers recorded in this Proof of Loss Claimant's Statement are true and complete.
- Agree that our furnishing of the Proof of Loss Claimant's Statement and any supplemental forms is not an admission that insurance was in force on the Insured's life, nor a waiver of our rights of defenses.

Any person who knowingly, with intent to defraud an insurance company or other persons, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Please refer to the enclosed page entitled STATE VARIATIONS OF FRAUD WARNINGS for specific notices required in certain jurisdictions.

I certify, under penalty of perjury, that the Social Security or Taxpayer Identification Number and back-up withholding status information in Section C are correct.

"The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding".

  
\_\_\_\_\_  
Signature (REQUIRED)

Date 4/10/23